



Housing Opportunities for Persons With AIDS (HOPWA) Program

**DCH Balance of State Annual Report
Comprised of the**

Consolidated Annual Performance and Evaluation Report (CAPER) Measuring Performance Outcomes And the Beneficiary Verification Worksheets

**Operating-Reporting Year 2010
July 1, 2010 through June 30, 2011**

OMB Number 2506-0133 (Expiration Date: 08/31/2011)

The HOPWA CAPER report for formula grantees provides annual information on program accomplishments in meeting the program's performance outcome measure: maintain housing stability; improve access to care; and reduce the risk of homelessness for low-income persons and their families living with HIV/AIDS. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning Regulations. The public reporting burden for the collection of information is estimated to average 45 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 68 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

Housing Opportunities for Persons with AIDS (HOPWA)

Consolidated Annual Performance and Evaluation Report -

Measuring Performance Outcomes

OMB Number 2506-0133 (Expiration Date: 12/31/2010)

Part 1: Grantee Executive Summary

As applicable, complete the charts below followed by the submission of a written narrative to questions A through C, and the completion of Chart D. Chart 1 requests general grantee information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their activities. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

1. Grantee Information

HUD Grant Number MIH10-F999		Operating Year for this report From (mm/dd/yy) 7/1/2010 To (mm/dd/yy) 6/30/2011		
Grantee Name Michigan State Department of Community Health		CONTACT: Brian Iverson PHONE 517-335-5157 Fax 517-241-9961 E-mail iversonb@michigan.gov		
Business Address	Cass Building 320 S. Walnut Street, 5th Floor North			
City, County, State, Zip	Lansing	Ingham Co.	MI	48913
Employer Identification Number (EIN) or Tax Identification Number (TIN)	38-6000134		DUN & Bradstreet Number (DUNs) if applicable 11-370-4139	
Congressional District of Business Address	8			
*Congressional District(s) of Primary Service Area(s)	NA			
*Zip Code(s) of Primary Service Area(s)	NA			
*City(ies) and County(ies) of Primary Service Area(s)	NA		NA	
Organization's Website Address http://www.michigan.gov/mdch	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Have you prepared any evaluation reports? If so, please indicate the location on an Internet site (url) or attach copy. NO				

* Service delivery area information only needed for program activities being directly carried out by the grantee

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name (DBA) - HARC – HIV/AIDS Resource Center		Parent Company Name, if applicable Legal Business Name: Wellness Huron Valley	
Name and Title of Contact at Project Sponsor Agency	Jimena Loveluck-President & CEO; Pat Love - Director of Client Services		
Email Address	loveluck@hivaidresource.org patlove@hivaidresource.org General E-mail info@hivaidresource.org		
Business Address	3075 Clark Rd., #203		
City, County, State, Zip,	Ypsilanti	Washtenaw	MI 48197
Phone Number (with area code)	734-572-9355	Fax Number (with area code) 734-572-0554	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	38-2669890		
DUN & Bradstreet Number (DUNs):	78 913 6421	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5TBD4	
Congressional District of Business Location of Sponsor	15		
Congressional District(s) of Primary Service Area(s)	7 & 15		
Zip Code(s) of Primary Service Area(s)	49230 49234 49237 49240 49241 49246 49201 49202 49203 49254 49259 49269 49272 49277 49283 49284 49220 49221 49228 49229 49233 49235 49236 49238 49247 49248 49253 49256 49265 49268 49276 49279 49286 49287 48103 48104 48105 48108 48109 48118 48130 48158 48176 48189 48191 48197 48198		
City(ies) and County(ies) of Primary Service Area(s)	Ann Arbor, Adrian, Chelsea, Dexter, Jackson, Manchester, Spring Arbor, Tecumseh, Ypsilanti.	Jackson, Lenawee, Monroe & Washtenaw	
Total HOPWA contract amount for this Organization	DCH FY 10-1-2010 to 9-30-2011 \$136,773.00		
Organization's Website Address www.hivaidresource.org info@hivaidresource.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. NA <input type="checkbox"/> Please check if yes and a grassroots organization. NA <input type="checkbox"/>	If yes, explain in the narrative section how this list is administered. No waiting list currently. Eligible persons placed on list according to critical need and families with children would be given priority.		

Project Sponsor Agency Name CARES of Southwest Michigan Community AIDS Resource & Education Services, Inc.		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency		David Feaster, Executive Director; or Kelly Doyle, Director of Client Services	
Email Address		dfeaster@caresswm.org or kdoyle@caresswm.org	
Business Address		629 Pioneer Street, Suite 200	
City, County, State, Zip,		Kalamazoo	Kalamazoo MI 49008
Phone Number (with area code)		269-381-2437	Fax Number (with area code) 269-381-4050
Employer Identification Number (EIN) or Tax Identification Number (TIN)		38-2784545	
DUN & Bradstreet Number (DUNS):		12 591 9378	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4SY37
Congressional District of Business Location of Sponsor		6	
Congressional District(s) of Primary Service Area(s)		3, 6 & 7	
Zip Code(s) of Primary Service Area(s)		49010 49323 49408 49419 49328 49070 49078 49080 49450 49453 49344 49348 49046 49050 49325 49058 49060 49333 49073 48897 49101 49022 49102 49103 49106 49107 49038 49111 49113 49116 49117 49120 49085 49125 49126 49127 49128 49129 49098 49028 49036 49255 49082 49089 49094 49224 49011 49014 49015 49017 49029 49033 49051 49245 49068 49092 49031 49047 49112 49061 49067 49130 49095 49021 48813 48821 48827 48837 48917 48861 49076 48876 48890 49096 49227 49232 49242 49249 49250 49252 49262 49266 49271 49274 49282 49288 49012 49034 49052 49053 49048 49004 49006 49007 49008 49009 49001 49002 49024 49083 49087 49088 49097 49030 49032 49040 49042 49066 49072 49091 49093 49099 49013 49026 49043 49045 49055 49056 49057 49064 49065 49071 49079 49090	
City(ies) and County(ies) of Primary Service Area(s)		South haven, Paw Paw, Hartford, Three Rivers, Sturgis, Kalamazoo, Portage, Vicksburg, Hillsdale, Quincy, Jonesville, Bellevue, Charlotte, Dimondale, Eaton Rapids, Cassopolis, Eaton Rapids, Lansing (part), battle Creek, Marshall, Coldwater, St. Joseph, Benton harbor, Hastings, Saugatuck, Allegan	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Kalamazoo, St. Joseph and Van Buren counties
Total IOPWA contract amount for this Organization		DCH FY 10-1-10 to 9-30-2011 \$196,418	
Organization's Website Address www.caresswm.org Facebook: http://www.facebook.com/home.php?%21/caresofswmi		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered. NA	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. NA <input type="checkbox"/> Please check if yes and a grassroots organization. NA <input type="checkbox"/>			

Project Sponsor Agency Name LAAN – Lansing Area AIDS Network		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency		David O Knechtges, Director of Finance & Administration	
Email Address		dknechtges@laanonline.org	
Business Address		913 Holmes Rd., Suite 115	
City, County, State, Zip,		Lansing	Ingham MI 48910-0437
Phone Number (with area code)		517-394-3560	Fax Number (with area code) 517-394-1298
Employer Identification Number (EIN) or Tax Identification Number (TIN)		38-2791807	
DUN & Bradstreet Number (DUNs):		60 844 1283	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 67FM8
Congressional District of Business Location of Sponsor		8	
Congressional District(s) of Primary Service Area(s)		4 & 8	
Zip Code(s) of Primary Service Area(s)		48808 48820 48822 48831 48835 48866 48879 48801 48806 48807 48615 48832 48847 48856 48871 48877 48880 48889 48662 48819 48823 48824 48825 48840 48842 48924 48933 48906 48910 48911 48912 48915 49251 48854 48864 49264 49285 48892 48895 48811 49322 48818 48829 48834 48838 49329 48850 49339 48884 48885 48886 48888 49347 48891	
City(ies) and County(ies) of Primary Service Area(s)		Lansing (part), Dewitt, St. John, Alma, Ithaca, East Lansing, Haslett, Holt, Mason, Okemos, Williamston, Stanton, Edmore, Howard City, Webberville	Clinton, Gratiot, Ingham & Montcalm Counties
Total HOPWA contract amount for this Organization		FY Contract 10-1-2010 to 9-30-2011: \$109,349.00	
Organization's Website Address www.laanonline.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. NA <input type="checkbox"/> Please check if yes and a grassroots organization. NA <input type="checkbox"/>		If yes, explain in the narrative section how this list is administered. NA	

Project Sponsor Agency Name Community Rebuilders		Parent Company Name, <i>if applicable</i> NA		
Name and Title of Contact at Project Sponsor Agency		Vera Beech Ex. Director or Betsy VanKlompberg		
Email Address		vbeech@communityrebuilders.org evanklompberg@communityrebuilders.org		
Business Address		1120 Monroe NW, Suite 220		
City, County, State, Zip,		Grand Rapids	Kent	MI 49503-1038
Phone Number (with area code)		616-458-5102		Fax Number (with area code) 616-458-8788
Employer Identification Number (EIN) or Tax Identification Number (TIN)		38-3094108		
DUN & Bradstreet Number (DUNs):		94 896 0398		Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 53YR8
Congressional District of Business Location of Sponsor		3		
Congressional District(s) of Primary Service Area(s)		2, 3, & 6		
Zip Code(s) of Primary Service Area(s)		49301 49302 49306 49315 49316 49319 49321 49326 49503 49504 49505 49506 49507 49508 49512 49525 49534 49544 49546 49548 49418 49330 49331 49341 49343 49345 49519 49509 49423 49424 49426 49428 49435 49448 49456 49460 49464		
City(ies) and County(ies) of Primary Service Area(s)		Grand Rapids, Kentwood, Wyoming, Zeeland, Holland, Allegan, Otsego, Grand haven, Coopersville, Cedar Springs, Rockford, Lowell, Walker, Spring Lake		Kent, Ottawa, Allegan Counties
Total HOPWA contract amount for this Organization		FY Contract 10-1-2010 to 9-30-2011: \$140,000		
Organization's Website Address http://communityrebuilders.org/		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. NA <input type="checkbox"/> Please check if yes and a grassroots organization. NA <input type="checkbox"/>		If yes, explain in the narrative section how this list is administered. NA		

Project Sponsor Agency Name District Health Department #10 DBA Cadillac Health Dept.		Parent Company Name, if applicable Governing Body is a single Board of Health made up of 2 county commissioners from each of 10 counties served.	
Name and Title of Contact at Project Sponsor Agency		Sarah Oleniczak; Health Promotion Director	
Email Address		soleniczak@dhd10.org	
Business Address		916 Diana Street	
City, County, State, Zip,		Ludington	Mason MI 49431
Phone Number (with area code)		231-316-8562	Fax Number (with area code) 231-845-0438
Employer Identification Number (EIN) or Tax Identification Number (TIN)		38-3372828	
DUN & Bradstreet Number (DUNs):		87 689 9212	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4BOL9
Congressional District of Business Location of Sponsor		2	
Congressional District(s) of Primary Service Area(s)		2 & 4	
Zip Code(s) of Primary Service Area(s)		49309 49412 49327 49337 49349 49420 49421 49436 49446 49449 49452 49455 49459 49402 49405 49410 49411 49431 49454 49305 49307 49332 49336 49338 49340 49342 49346 49304 49623 49642 49644 49656 49613 49614 49619 49625 49645 49660 49675 49689	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Ludington, Scottville, Baldwin, Manistee, Big Rapids, White Cloud, Fremont, Hart, Shelby	Counties: Manistee, Mason, Lake, Mecosta, Newaygo, Oceana
Total HOPWA contract amount for this Organization		FY Contract 10-1-2010 to 9-30-2011: \$76,342.00	
Organization's Website Address www.dhd10.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cnty govt Please check if yes and a faith-based organization. NA <input type="checkbox"/> Please check if yes and a grassroots organization. NA <input type="checkbox"/>		If yes, explain in the narrative section how this list is administered. NA	

Project Sponsor Agency Name Mercy Health Partners - Hackley Campus -- McClees Clinic		Parent Company Name, if applicable Trinity Health - Mercy Health Partners	
Name and Title of Contact at Project Sponsor Agency		Erin Hopson, LLMSW, CCM, Clinic Services Coordinator	
Email Address		HOPSONE@trinity-health.org	
Business Address		1700 Clinton St., Central 2	
City, County, State, Zip,		Muskegon	Muskegon MI 49441
Phone Number (with area code)		231-727-4253	Fax Number (with area code)

		231-728-5674
Employer Identification Number (EIN) or Tax Identification Number (TIN)	38-1358196	
DUN & Bradstreet Number (DUNs):	05 585 7643	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 674A8
Congressional District of Business Location of Sponsor	2	
Congressional District(s) of Primary Service Area(s)	2 & 3	
Zip Code(s) of Primary Service Area(s)	49309 49412 49327 49337 49349 49420 49421 49436 49446 49449 49452 49455 49459 49401 49403 49404 49417 49423 49424 49426 49428 49435 49448 49456 49460 49464 49304 49623 49642 49644 49656 49613 49614 49619 49625 49645 49660 49675 49689 49402 49405 49410 49411 49431 49454 49305 49307 49332 49336 49338 49340 49342 49346 49303 49318 49415 49425 49437 49440 49441 49442 49444 49445 49451 49457 49461 49301 49302 49306 49315 49316 49319 49321 49326 49503 49504 49505 49506 49507 49508 49512 49525 49534 49544 49546 49548 49418 49330 49331 49341 49343 49345 49519 49509	
City(ies) and County(ies) of Primary Service Area(s)	Muskegon, Grand Haven, Holland, Baldwin, Ludington, Hart, Zeeland, Spring Lake, Shelby, Newaygo, Fremont, Montague, Twin Lakes, Big Rapids, Mecosta, Custer, Manistee, Baldwin, Grand Rapids, Kent City, Wyoming, Lowell, Portland, Ionia	Counties: Muskegon, Oceana, Ottawa, Newaygo, Mason, Manistee, Lake, Mecosta, Kent & Ionia
Total HOPWA contract amount for this Organization	FY Contract 10-1-2010 to 9-30-2011 \$65,800.00	
Organization's Website Address	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
www.mghp.com click on Hackley Campus		If yes, explain in the narrative section how this list is administered. NA
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Please check if yes and a faith-based organization. <input checked="" type="checkbox"/> Parent Company Please check if yes and a grassroots organization. NA <input type="checkbox"/>		

Project Sponsor Agency Name		Parent Company Name, if applicable	
Sacred Heart Rehabilitation Center Inc.		NA	
Name and Title of Contact at Project Sponsor Agency	Tina Counterman, Housing Specialist or Tim Neal, AIDS Care Program Coordinator		
Email Address	tcounterman@sacredheartcenter.com or tneal@sacredheartcenter.com		
Business Address	Main business Address 400 Stoddard Rd. P.O. Box 41038		
City, County, State, Zip,	Memphis	St. Clair	MI 48041-1038
Phone Number (with area code)	989/776/6000	Fax Number (with area code) 989/776/1710	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	38-1880385		
DUN & Bradstreet Number (DUNs):	09 454 9912	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 52V31	

Congressional District of Business Location of Sponsor	10			
Congressional District(s) of Primary Service Area(s)	1, 4, 5, & 10			
Zip Code(s) of Primary Service Area(s)	48401,48410,48411,48413,48414,48415,48416,48417,48418,48419,48420,48422,48423,48426,48427,48429,48430, 48432, 48433, 48434, 48435, 48436, 48437, 48438,48439,48450, 48441,48445,48453,48454,48456,48460,48465,48466, 48467,48468,48469,48470,48471, 48472,48475,48476,48480,48449,48451,48457,48458,48463,48473,48501,48502,48503, 48504,48505,48506,48507,48509,48519,48529,48531,48532,48550,48551,48552,48553, 48554,48555,48556,48557,48559,48601,48602,48603,48604,48605,48606,48607,48608, 48609,48611,48613,48614,48616,48618,48620,48623,48626,48628,48631,48634,48637, 48638,48640,48641,48642,48649,48650,48657,48663,48655,48686,48674,48667,48670, 48701,48706,48707,48708,48710,48720,48722,48723,48724,48725,48726,48729,48731, 48732,48733,48734,48735,48736,48741,48744,48746,48747,48754,48755,48757,48758, 48759,48767,48768,48787,48817, 48841,48848,48857,48867,48872,48882,			
City(ies) and County(ies) of Primary Service Area(s)	Cities = Auburn, Bay City, Bently, Essexville, Kawkawlin, Linwood, Munger, Pinconning, University Center, Atlas, Burton, Clio, Davison, Fenton, Flint, Flushing, Gaines, Genesee, Goodrich, Grand Blanc, Lennon, Montrose, Mount Morris, Otisville, Swartz Creek, /Bad Axe, Bay Port, Caseville, Elkton, Filion, Harbor Beack, Kinde, Owendale, Pigeon, Port Austin, Port Elizabeth, Port Hope, Ruth, Sand Point, Sebewaing, Ubly, /Coleman, Edenville, Hope, Midland, Sanford, / Birch Run, Brant, Bridgeport, Burt, Carrollton, Chesaning, Frankenmuth, Freeland, Hemlock, Merrill, Oakley, Saginaw, Saint Charles, /Applegate, Argyle, Brown City, Carsonville, Croswell, Decker, Deckerville, Forestville, Lexington, Marlette, Melvin, Minden City, Palms, Peck, Prot Sanilac, Sandusky, Snover, /Bancroft, Byron, Corunna, Durnad, Henderson, Laingsburg, Morrice, New Lothrop, Owosso, Perry, Shaftsburg, Vernon, /Akron, Caro, Cass City, Deford, Fairgrove, Postoria, Gagetown, Gilford, Kingston, Mayville, Millington, Reese, Richville, Tuscola, Unionville, Vassar,		Counties = Bay, Genesee, Huron, Midland, Saginaw, Sanilac, Shiawassee, Tuscola.	
Total HOPWA contract amount for this Organization	FY Contract 10-1-2010 to 9-30-2011: \$188,354.00			
Organization's Website Address	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. NA <input type="checkbox"/> Please check if yes and a grassroots organization. NA <input type="checkbox"/>	NA			
Project Sponsor Agency Name	Parent Company Name, if applicable			
Munson Medical Center – Thomas Judd Center	Munson Healthcare			
Name and Title of Contact at Project Sponsor Agency	Barb Robbins, Clinic Coordinator/Case Manager - Brian Simerson, HOPWA Coordinator			
Email Address	brobbins1@mhc.net bsimerson@mhc.net			
Business Address	1105 Sixth St.			
City, County, State, Zip,	Traverse City	Grand Traverse	MI	49684
Phone Number (with area code)	Brian 231-935-2785 Barb 231-935-5085		Fax Number (with area code) 231-935-5093	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	38-1362830			
DUN & Bradstreet Number (DUNs):	15 193 0278		Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1QWY7	
Congressional District of Business Location of Sponsor	4			
Congressional District(s) of Primary Service Area(s)	1 & 4			
Zip Code(s) of Primary Service Area(s)	48705, 48721, 48728, 48737, 48738, 48740, 48742, 48745, 48762, 49707, 49744, 49747, 49753, 49766, 49612, 49615, 49622, 49629, 49729, 49648, 49659, 48610, 48703, 48749, 48658, 48659, 48765, 48766, 49616, 49617, 49635, 49640, 49650, 49683, 49782, 49712, 49713, 49720, 49727,			

	49705, 49721, 49749, 49701, 49799, 48617, 48622, 48625, 48632, 49733, 49738, 49706, 49716, 49718, 49740, 49755, 49769, 49770, 48612, 48624, 48652, 49637, 49643, 49649, 49684, 49686, 49690, 48730, 48739, 48743, 48748, 48750, 48763, 48770, 49310, 48858, 48878, 48883, 48893, 49633, 49646, 49676, 49680, 49621, 49630, 49636, 49653, 49654, 49664, 49670, 49682, 49632, 49651, 49657, 49667, 49709, 49746, 49756, 48635, 48756, 48654, 48761, 48661, 49631, 49639, 49655, 49665, 49677, 49679, 49688, 48619, 48621, 48636, 48647, 49730, 49735, 49751, 49795, 49743, 49759, 49765, 49776, 49777, 49779, 48629, 48651, 48653, 48656, 49618, 49620, 49601, 49638, 49663, 49668		
City(ies) and County(ies) of Primary Service Area(s)	Traverse City, Kalkaska, Mancelona, East Jordan, Charlevoix, Boyne City, Petoskey, Cheboygan, Rogers City, Alpena, Atlanta, Gaylord, Grayling, Mio, Glennie, East Tawas, Standish, Clare, Harrison, Cadillac, Manton, Frankfort.	Counties: Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Wexford	
Total HOPWA contract amount for this Organization	FY Contract 10-1-2010 to 9-30-2011: \$41,849.00		
Organization's Website Address	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
www.munsonhealthcare.org/locations/mmc/home/about_us.php		If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NA	
Please check if yes and a faith-based organization. NA <input type="checkbox"/>			
Please check if yes and a grassroots organization. NA <input type="checkbox"/>			

Project Sponsor Agency Name		Parent Company Name, if applicable	
Marquette County Health Dept.		Branch of the Marquette County Government; Board of Health appointed by the Marquette County Board of Commissioners	
Name and Title of Contact at Project Sponsor Agency	Laura Fredrickson, HIV/AIDS Coordinator		
Email Address	lfredrickson@mqctcy.org		
Business Address	184 US Highway 41 East		
City, County, State, Zip,	Negaunee	Marquette	MI 49866
Phone Number (with area code)	906-475-7651	Fax Number (with area code)	906-475-4435
Employer Identification Number (EIN) or Tax Identification Number (TIN)	38 6004869		
DUN & Bradstreet Number (DUNS):	61-976 0341	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions)	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1U3G4	
Congressional District of Business Location of Sponsor	1		
Congressional District(s) of Primary Service Area(s)	1		
Zip Code(s) of Primary Service Area(s)	49806 49816 49822 49862 49884 49891 49895 49908 49919 49946 49962 49970 49710 49715 49724 49725 49726 49728 49736 49788 49752 49768 49774 49780 49783 49807		

	49818 49829 49835 49837 49878 49880 49894 49815 49831 49834 49801 49802 49870 49876 49881 49892 49911 49938 49947 49968 49969 49905 49913 49916 49921 49930 49931 49945 49952 49958 49965 49920 49927 49935 49805 49950 49853 49868 49719 49820 49827 49838 49745 49760 49762 49781 49814 49841 49849 49855 49861 49866 49879 49885 49812 49821 49847 49848 49858 49873 49874 49886 49887 49893 49896 49910 49912 49925 49948 49953 49967 49817 49836 49840 49854 49883	
City(ies) and County(ies) of Primary Service Area(s)	Cities: Sault Sainte Marie, Kingsford, Iron Mountain, Ironwood, Bessemer, Iron River, Crystal Falls, Calumet, Houghton, Negaunee, St. Ignace, Mohawk, Munising, Baraga, Newberry, Ishpeming, Marquette, Menominee, Ontonagon, Manistique, Escanaba.	Counties: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinaw, Menominee, Ontonagon and Schoolcraft
Total IOPWA contract amount for this Organization	FY Contract 10-1-2010 to 9-30-2011: \$61,724.00	
Organization's Website Address http://www.mqthealth.org/		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered. NA
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cnty Agency Please check if yes and a faith-based organization. NA <input type="checkbox"/> Please check if yes and a grassroots organization. NA <input type="checkbox"/>		

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Subrecipient Name		Parent Company (if applicable)			
NA		NA			
Name and Title of Contact at Subrecipient	NA				
Email Address	NA				
Business Address	NA				
City, State, Zip, County	NA	NA	NA	NA	
Phone Number (with area code)	NA		Fax Number (with area code)		
	NA		NA		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	NA		DUN & Bradstreet Number (DUNS) if applicable		
			NA		
North American Industry Classification System (NAICS) Code	NA				
Congressional District of Location	NA				
Congressional District of Primary Service Area	NA				
Zip Code of Primary Service Area(s)	NA				
City(ies) and County(ies) of Primary Service Area(s)	NA		NA		
Total HOPWA Contract Amount	NA				

A. Grantee and Community Overview

Provide a one to three page narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, the name(s) of the program contact(s), and an overview of the range/type of housing activities provided. This overview may be used for public information, including posting on HUD's website. *Note: Text fields are expandable.*

* In 2010 the State of Michigan Department of Community Health fully implemented the HMIS program for HOPWA. During this time, the HMIS system, also implemented an upgrade to the system to a new version with poor results. There were a great number of data problems and much of the reporting was done by hand using client records which greatly slowed the completion of the CAPER.

* In early 2011 the local HUD representative completed monitoring of the HOPWA program. DCH has submitted our responses but a final response from HUD has not yet been received.

* DCH has increased sponsor budgets by 40% in 2010.

The State of Michigan formula grantee is the Michigan Department of Community Health (DCH). DCH is one of 3 HOPWA formula grantees in Michigan and serves all counties excluding the Detroit EMSA (Wayne County) and the Warren EMSA (Lapeer, Livingston, Macomb, Monroe, Oakland, and St. Clair counties). See attached map of the Michigan HOPWA Service Areas.

As a state agency DCH administers a broad range of health care services to residents statewide including services targeted to special needs populations. Most services are provided through other agencies such as county Public Health Departments and Community Mental Health Boards. The Department is organized into four administrations: Operations Administration; Medical Services Administration; Public Health Administration; and the Behavioral Health and Developmental Disabilities Administration. The Division of Community Living within the Behavioral Health and Developmental Disabilities Administration manages the HOPWA formula grant. The main contact for DCH is Brian Iverson, HOPWA Specialist, DCH, 320 S. Walnut St., 5th Floor North, Lansing, MI 48933. Phone 517-335-5157, email: iversonb@michigan.gov.

DCH contracts with 9 Sponsors to provide HOPWA assistance for the balance of state area. There are 2 County Health Departments and 7 non-profit corporations under contract as HOPWA sponsors. The balance of state HOPWA program uses Tenant Based Rental Assistance (TBRA) and Short-Term rent, Mortgage, and Utilities (STRMU) to provide housing assistance at existing scattered site locations or the client's owned home.

The 9 Sponsors that provide HOPWA services are:

HIV/AIDS Resource Center (HARC) located in Ypsilanti in SE Michigan covering 4 counties with a satellite office in Jackson. Contact Jimena Loveluck President & CEO at 734-572-9355; www.hivaidresource.org info@hivaidresource.org.

CARES of Southwest Michigan located in Kalamazoo in SW Michigan covering 11 counties with a satellite office in Benton Harbor. Contact David Feaster Executive Director at 269-381-2437 and www.caresswm.org.

Lansing Area AIDS Network (LAAN) located in central Michigan and covering 4 Counties. Contact David Knechtges, Director of Finance and Administration at 517-394-3560 and www.laanonline.org.

Community Rebuilders located in central western Michigan and covering 3 counties. Contact Vera Beech, Executive Director at 616-458-5102 or <http://communityrebuilders.org/>.

District Health Department #10 located in northern western Michigan and covering 7 counties with offices in each county. Contact Sarah Olenczak, Health Promotion Director at 231-845-7381 and www.dhd10.org.

Mercy Health Partners-Hackley Campus-McClees Clinic in Muskegon on the lake in western Michigan and covering 10 counties. Contact Erin Hopson at 231-727-4253 and www.mghp.com click on Hackley Campus.

Sacred Heart Rehabilitation Center with the main office in Memphis and the HOPWA office in Saginaw and cover 8 counties. Contact Tim Neal, AIDS Care Program Coordinator at 989-776-6000 and www.sacredheartcenter.com.

Munson Medical Center - Thomas Judd Center located in Traverse City in Northern west Michigan and covering the northern tier of 25 counties. Contact Brian Simerson at 231-935-2785 and www.munsonhealthcare.org/locations/mmc/home/about_us.php.

Marquette County Health Department located in Michigan's Upper Peninsula and covering 14 Counties. Contact Laura Fredrickson, HIV/AIDS Coordinator at 906-475-7651 and <http://www.mqthealth.org/>.

B. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

1. Outputs Reported. Describe significant accomplishments or challenges in achieving the number of housing units supported and the number households assisted with HOPWA funds during this operating year compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe how HOPWA funds were distributed during your program year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.

2. Outcomes Assessed. Assess program goals against actual client outcomes for achieving housing stability, reducing risks of homelessness, and improving access to care. If current year results are lower than the national program targets (80 percent of HOPWA clients maintain housing stability, avoid homelessness and access care), please describe the steps being taken to achieve the national outcome goal in next operating year.

3. Coordination. Report on program coordination with other mainstream housing and supportive services resources, including the use of committed leveraging from other public and private sources that helped to address needs for eligible persons identified in the Consolidated Plan/Strategic Plan.

4. Technical Assistance. Describe any program technical assistance needs and how they would benefit program beneficiaries.

In the operating year 7-1-2010 to 6-30-2011, the State of Michigan HOPWA program's nine sponsors accomplished

Activity	Total	Total Expenditure	Cost per Household
TBRA-Tenant Based Rental Assistance	97	\$204,576	\$2,109
STRMU - Short-Term Rent, mortgage and utilities	281	\$422,942	\$1,505
Housing Information Services	191	\$84,978	\$445

The costs appear to have increased since last operating year however, one measure that is missing is length of stay. That calculation would/could make a significant difference in how we view the assistance provided and the outcome that is being planned.

Type of Housing Assistance	2008	2009	2010	HUD goal 2010
TBRA Housing Stability	86%	93%	97%	90%
STRMU Housing Stability	49%	51%	62%	70%

There has been a steady increase in stability per the HUD calculation, however this calculation is rather simplistic and many other facets of the client's assistance should be reviewed to really assess stability. Staff need to and the client's ability and desire to work with the plan. Staff need to be aware that some things are outside of their control but information on the job or housing markets, and financial decision making is useful and they may need advice from people/agencies with a knowledge of these areas.

The information from publications such as Priced Out can provide a realistic view what persons on SSI can and cannot afford.

So planning for stabilization involves the worsening housing sales market which is driving rent increases. The housing stability of TBRA may be a temporary fix that will continue for longer periods of time, will cost the HOPWA agencies more per household is costs of rent and in staff time and with level federal funding sponsors will be able to assist fewer clients.

HOPWA Sponsors are pretty united in their view that coordination with other community agencies is needed and can produce good results but that these efforts take more staff time and related costs of travel and phone costs. This coordination can make a huge difference in the outcome that the client can obtain. Coordination involves many agencies:

Community Mental Health

Rental agencies, Social Security Administration

Salvation Army

Legal system - jails, probation depts.

MSHDA and HUD funded housing programs for homeless and low income

Michigan Rehabilitation Services

Department of Human Services

Health Departments

Protection and advocacy

Domestic violence shelters

And the list goes on.

While good results can be obtained, there are fewer good results from the work that goes into these efforts (jobs, training, vouchers, etc). The time and efforts expended by clients results in frustration due to long waits and a hopelessness because Michigan has cut assistance, and so there are more people waiting in line to complete the forms, and competing for the services/funds needed.

Technical assistance is needed in many areas. For me as well as Sponsor staff, financial training particularly regarding financial monitoring is important. Sponsors are in the process of setting up financial systems that are being required by HUD - time sheets, etc. HOPWA has an online financial training program and HAPIS has developed a financial training for the HAPIS staff for financial monitoring and has training Sponsor staff as well. Eight of the nine HOPWA sponsors also provide CARE Act services and have receive this training. Experience in using this training is still needed.

Training of Sponsor staff in the financial aspects of their job - client budgets, calculating client eligibility and rental assistance is an ongoing concern.

It is planned that Sponsor Staff and I will be working on revising form and developing policies and procedures will be a focus of our time this year. Our HOPWA TA has provided a Policy Template which has been sent out to sponsors.

Training programs for clients have been discussed: using a checkbook, household budgets, cooking, house keeping skills, improving their credit history.

C. Barriers and Trends Overview

Provide a narrative addressing items 1 through 3. Explain how barriers and trends affected your program's ability to achieve the objectives and outcomes discussed in the previous section.

1. Describe any barriers (including regulatory and non-regulatory) encountered, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected.

<input checked="" type="checkbox"/> HOPWA/HUD Regulations	<input type="checkbox"/> Planning	<input checked="" type="checkbox"/> Housing Availability	<input type="checkbox"/> Rent Determination and Fair Market Rents
<input checked="" type="checkbox"/> Discrimination/Confidentiality	<input type="checkbox"/> Multiple Diagnoses	<input type="checkbox"/> Eligibility	<input type="checkbox"/> Technical Assistance or Training
<input type="checkbox"/> Supportive Services	<input type="checkbox"/> Credit History	<input type="checkbox"/> Rental History	<input type="checkbox"/> Criminal Justice History
<input checked="" type="checkbox"/> Housing Affordability	<input type="checkbox"/> Other, please explain further		

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population.

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.

Barriers

Flat or reduced federal funding.

For the Michigan HOPWA program, in the recent past only a portion of the entire grant was made available just in case there were delays in Congressional approval of funding (which has occurred the last 2 years) or unforeseen costs occurred. In 2008 our Timeliness Ratio was 0.80 when the goal for a good ratio was 1.5 which meant we had no funds in reserve. We began to save some of the yearly funding which was fortunate. When the lead CPD agency made the decision to change our operating year that meant we had to use existing funds to cover 18 months in 2009. At the end of the 2009 operating year we had more of a surplus than planned, so we increased the amount of funding for the sponsors by 40%. The planned timeliness ratio would be 1.5. However, due to our method of billing and HUD's calculation of the timeliness ratio in October, our timeliness ratio was 1.7. We have added some additional funds to the sponsor budgets for the 2011 operating year to reduce our ratio even more. But the problem is that, even though our yearly budget will result in a ratio of 1.5 or less, HUD's use of calculations in October combined with our billing system makes it appear that our ratio is higher. DCH will have to discuss this with the local HUD representative.

The DCH program that over sees the CARE ACT has learned that they will receive a substantial cut which may impact some services, particularly outreach services.

Many Barriers for clients continue. Landlords are fearful of HIV/AIDS tenants. Affordable rental housing is not readily available in most areas. Many of the affordable rental units would not meet HOPWA Habitability Standards or not near services or transportation routes. The client credit history, legal problems and behaviors they display make renting a difficulty.

HOPWA Sponsor staff are overwhelmed with the reporting and documentation required. They are particularly frustrated with the HMIS system as it is user unfriendly and the new version has resulted in many problems.

D. Unmet Housing Needs: An Assessment of Unmet Housing Needs

In Chart 1, provide an assessment of the number of HOPWA-eligible households that require housing assistance but are not currently served by HOPWA in this service area.

In Line 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Table IB of the Consolidated or Annual Plan(s), or as reported under HOPWA worksheet in the Needs Workbook of the Consolidated Planning Management Process (CPMP) tool. *Note: Report most current data available, through Consolidated or Annual Plan(s), and account for local housing issues, or changes in HIV/AIDS cases, by using combination of one or more of the sources in Chart 2.*

In Rows a through c, enter the number of HOPWA-eligible households by type of housing assistance whose housing needs are not met. For an approximate breakdown of overall unmet need by type of housing assistance refer to the Consolidated or Annual Plan (s), CPMP tool or local distribution of funds.

1. Assessment of Unmet Need for HOPWA-eligible Households

1. Total number of households that have unmet housing needs	= 532
From Item 1, identify the number of households with unmet housing needs by type of housing assistance	
a. Tenant-Based Rental Assistance (TBRA)	= 133
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	= 399
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	= NA

2. Recommended Data Sources for Assessing Unmet Need (check all sources used)

X	= Data as reported in the area Consolidated Plan, e.g. Table IB, CPMP charts, and related narratives
	= Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care
	= Data from client information provided in Homeless Management Information Systems (HMIS)
	= Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need
	= Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
	= Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
X	= Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data

End of PART 1

PART 2: Sources of Leveraging

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in the Consolidated or Annual Plan and used in the delivery of the HOPWA program and the amount of leveraged dollars.

[1] Sources of Leveraging		Total Amount of Leveraged Dollars (for this operating year)	
		[2] Housing Assistance	[3] Supportive Services and other non-direct housing costs
1.	Program Income	= 61723.00	= 0
2.	Federal government (please specify):	= 0	= 0
	Ryan White assistance; medical, HIV case management; MHI Care Case Mgt Services	= 13881.49	= 96,698.20
	Care Choice Vouchers	= 39,443.00	= 4,000
	HARP	\$31,200.00	\$3,200.00
	Shelter Plus Care	= 36,000	= 3,200
3.	State government (please specify)	= NA	= NA
	Family Independence Agency	= \$8,079.00	= \$255,475.00
		= 0	= 0
		= 0	= 0
4.	Local government (please specify)	= 0	= 0
	Marquette County Staff time (2)(3)	= 0	= 0
		= 0	= 0
		= 0	= 0
5.	Foundations and other private cash resources (please specify)	= 0	= 0
	Ann Arbor Thrift	= 0	= \$13,486.00
		= 0	= 0
		= 0	= 0
6.	In-kind Resources	= 0	= 0
7.	Resident rent payments in Rental, Facilities, and Leased Units	= \$175,828.85	= \$20,400
8.	project sponsor (Agency) cash	= \$18,798.64	= 0
9.	TOTAL (Sum of 1-7)	= 366,155.73	= 396,459.20

End of PART 2

PART 3: Accomplishment Data - Planned Goal and Actual Outputs

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families. *Note: The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.*

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance Planned Goal and Actual		Output Households				Funding	
		HOPWA Assistance		Non-HOPWA			
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
Housing Subsidy Assistance		Output Households					
1.	Tenant-Based Rental Assistance	85	97	20	18	107,423	204,576
2a.	Households in permanent housing facilities that receive operating subsidies/leased units	NA	NA	NA	NA	NA	NA
2b.	Households in transitional/short-term housing facilities that receive operating subsidies/leased units	NA	NA	NA	NA	NA	NA
3a.	Households in permanent housing facilities developed with capital funds and placed in service during the program year	NA	NA	NA	NA	NA	NA
3b.	Households in transitional/short-term housing facilities developed with capital funds and placed in service during the program year	NA	NA	NA	NA	NA	NA
4.	Short-Term Rent, Mortgage and Utility Assistance	226	204	NA	NA	160,499	218,366
5.	Adjustments for duplication (subtract)	0	-8	NA	NA		
6.	Total Housing Subsidy Assistance	311	281	NA	NA	267,922	422,942
Housing Development (Construction and Stewardship of facility based housing)		Output Units					
7.	Facility-based units being developed with capital funding but not opened (show units of housing planned)	NA	NA	NA	NA	NA	NA
8.	Stewardship Units subject to 3 or 10 year use agreements	NA	NA	NA	NA		
9.	Total Housing Developed	NA	NA	NA	NA	NA	NA
Supportive Services		Output Households					
10a.	Supportive Services provided by project sponsors also delivering HOPWA housing assistance	267	293			176,972	246,201
10b.	Supportive Services provided by project sponsors serving households who have other housing arrangements	NA	NA			NA	NA
11.	Adjustment for duplication (subtract)	NA	NA	NA	NA		
12.	Total Supportive Services	267	293			176,972	246,201
Housing Placement Assistance Activities							
13.	Housing Information Services	157	191			70,236	84,978
14.	Permanent Housing Placement Services	35	57			35,879	52,462
15.	Adjustment for duplication	0	-9				
16.	Total Housing Placement Assistance	192	239			106,114	137,439
Grant Administration and Other Activities							
17.	Resource Identification to establish, coordinate and develop housing assistance resources					42,080	52,710
18.	Technical Assistance (if approved in grant agreement)					NA	NA
19.	Grantee Administration (maximum 3% of total HOPWA grant)					31,683	31,683
20.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					60,445	56,314
Total Expenditures for program year (Sum of rows 6, 9, 12, 16, and 20)						649,88	898,912

2. Listing of Supportive Services

Report on the use of HOPWA funds for all supportive services. In Rows 1 through 16, provide the (unduplicated) total of all households and expenditures for each type of supportive service for all project sponsors.

Supportive Services		Number of <u>Households</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management/client advocacy/ access to benefits & services	311	237,125
4.	Child care and other child services	1	30
5.	Education	0	0
6.	Employment assistance and training	0	0
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310	0	0
8.	Legal services	0	0
9.	Life skills management (outside of case management)	0	0
10.	Meals/nutritional services	0	0
11.	Mental health services	4	275
12.	Outreach	0	0
13.	Transportation	100	7,854
14.	Other Activity (if approved in grant agreement). Specify:	NA	NA
15.	Adjustment for Duplication (subtract)	-105	
16.	TOTAL Households receiving Supportive Services (unduplicated)	311	245,284

End of PART 3

Part 4: Summary of Performance Outcomes

HOPWA Long-term Performance Objective: *Eighty percent of HOPWA clients will maintain housing stability, avoid homelessness, and access care each year through 2011.*

Section 1. Housing Stability: Assessment of Client Outcomes on Maintaining Housing Stability (Permanent Housing and Related Facilities)

In Column 1, report the total number of eligible households that received HOPWA housing assistance, by type. In Column 2, enter the number of households continuing to access each type of housing assistance, the following year. In Column 3, report the housing status of all households that exited the program. Columns 2 (Number of Households Continuing) and 3 (Exited Households) summed will equal the total households reported in Column 1. *Note: Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.*

[A] Permanent Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	[2] Assessment: Number of Households Continuing with this Housing (per plan or expectation for next year)		[3] Assessment: Number of Exited Households and Housing Status	
Tenant-Based Rental Assistance	= 97		= 56	1 Emergency Shelter/Streets	= 0
				2 Temporary Housing	= 0
				3 Private Housing	= 19
				4 Other HOPWA	= 1
				5 Other Subsidy	= 5
				6 Institution	= 0
				7 Jail/Prison	= 0
				8 Disconnected/Unknown	= 1
				9 Death	= 1
Permanent Supportive Housing Facilities/Units	= NA		= NA	1 Emergency Shelter/Streets	NA
				2 Temporary Housing	NA
				3 Private Housing	NA
				4 Other HOPWA	NA
				5 Other Subsidy	NA
				6 Institution	NA
				7 Jail/Prison	NA
				8 Disconnected/Unknown	NA
				9 Death	NA

[B] Transitional Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	[2] Of the Total Number of Households Receiving Housing Assistance this Operating Year		[3] Assessment: Number of Exited Households and Housing Status	
Transitional/Short-Term Supportive Facilities/Units	= NA	Total number of households that will continue in residences:	= NA	1 Emergency Shelter/Streets	NA
				2 Temporary Housing	NA
				3 Private Housing	NA
				4 Other HOPWA	NA
			= NA	5 Other Subsidy	NA
		Total number of households whose tenure exceeded 24 months:		6 Institution	NA
				7 Jail/Prison	NA
				8 Disconnected/unknown	NA
				9 Death	NA

Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Housing Assistance)

Report the total number of households that received STRMU assistance in Column 1. In Column 2, identify the result of the housing assessment made at time of assistance, or updated in the operating year. (Column 3 provides a description of housing outcomes; therefore, data is not required.) In Row 1a, enter the total number of households served in the prior operating year that received STRMU assistance this year. In Row 1b, enter the total number of households that received STRMU Assistance in the 2 prior operating years that received STRMU assistance this year. *Note: The sum of Column 2 should equal the number of households reported in Column 1.*

Assessment of Households receiving STRMU Assistance

[1] STRMU Housing Assistance	[2] Assessment of Housing Status	[3] HOPWA Client Outcomes
= 204	Maintain Private Housing without subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	= 88
	Other Private Housing without subsidy	= 1
	Other HOPWA support (PH)	= 10
	Other housing subsidy (PH)	= 14
	Institution (e.g. residential and long-term care)	= 0
	Likely to maintain current housing arrangements, with additional STRMU assistance	= 67
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	= 0
	Temporary/non-permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	= 1
	Emergency Shelter/street	= 0
	Jail/Prison	= 0
1a. Total number of households that received STRMU assistance in the prior operating year, that also received STRMU assistance in the current operating year.	Disconnected	= 2
1b. Total number of those households that received STRMU assistance in the two (2 years ago) prior operating years, that also received STRMU assistance in the current operating year.	Death	= 0
		Life Event
		= 32
		= 31

Section 3. HOPWA Outcomes on Access to Care and Support

1A. Status of Households Accessing Care and Support by Project Sponsors delivering HOPWA Housing Assistance/Housing Placement/Case Management

Use Table 1 A for project sponsors that provide HOPWA housing assistance/housing placement with or without case management services. In Table 1A, identify the number of client households receiving any type of HOPWA housing assistance that demonstrated improved access or maintained connections to care and support within the program year by: having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. *Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 1C and 1D.*

Categories of Services Accessed	Households Receiving Housing Assistance within the Operating Year	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing.	253	<i>Support for Stable Housing</i>
2. Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan..	253	<i>Access to Support</i>
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan,	245	<i>Access to Health Care</i>
4. Has accessed and can maintain medical insurance/assistance.	250	<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income.	206	<i>Sources of Income</i>

1B. Number of Households Obtaining Employment

In Table 1B, identify the number of recipient households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA funded: job training, employment assistance, education or related case management/counseling services. *Note: This includes jobs created by this project sponsor or obtained outside this agency.*

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job	15	<i>Sources of Income</i>

Chart 1C: Sources of income include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • Earned Income • Unemployment Insurance • Supplemental Security Income (SSI) • Social Security Disability Income (SSDI) • Veteran's Disability Payment • General Assistance, or use local program name • Temporary Assistance for Needy Families (TANF) income, or use local program name 	<ul style="list-style-type: none"> • Veteran's Pension • Pension from Former Job • Child Support • Alimony or Other Spousal Support • Retirement Income from Social Security • Private Disability Insurance • Worker's Compensation
--	--

Chart 1D: Sources of medical insurance and assistance include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • MEDICAID Health Insurance Program, or local program name • Veterans Affairs Medical Services • State Children's Health Insurance Program (SCHIP), or local program name 	<ul style="list-style-type: none"> • MEDICARE Health Insurance Program, or local program name • AIDS Drug Assistance Program (ADAP) • Ryan White-funded Medical or Dental Assistance
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2A. Status of Households Accessing Care and Support through HOPWA-funded Services receiving Housing Assistance from Other Sources

In Table 2A, identify the number of client households served by project sponsors receiving HOPWA-funded housing placement or case management services who have other and housing arrangements that demonstrated improved access or maintained connections to care and support within the program year by: having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. *Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 2C and 2D.*

Categories of Services Accessed	Households Receiving HOPWA Assistance within the Operating Year	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing.	NA	<i>Support for Stable Housing</i>
2. Successfully accessed or maintained qualification for sources of income.	NA	<i>Sources of Income</i>
3. Had contact with a primary health care provider consistent with the schedule specified in clients individual service plan.	NA	<i>Access to Health Care</i>
4. Has accessed and can maintain medical insurance/assistance.	NA	<i>Access to Health Care</i>
5. Has contact with case manager, benefits counselor, or housing counselor consistent with the schedule specified in client's individual service plan.	NA	<i>Access to Support</i>

2B. Number of Households Obtaining Employment

In Table 2B, identify the number of recipient households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA funded: job training, employment assistance, education or related case management/counseling services. *Note: This includes jobs created by this project sponsor or obtained outside this agency.*

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job	NA	<i>Sources of Income</i>

Chart 2C: Sources of income include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • Earned Income • Unemployment Insurance • Supplemental Security Income (SSI) • Social Security Disability Income (SSDI) • Veteran's Disability Payment • General Assistance, or use local program name • Temporary Assistance for Needy Families (TANF) income, or use local program name 	<ul style="list-style-type: none"> • Veteran's Pension • Pension from Former Job • Child Support • Alimony or Other Spousal Support • Retirement Income from Social Security • Private Disability Insurance • Worker's Compensation
--	--

Chart 2D: Sources of medical insurance and assistance include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • MEDICAID Health Insurance Program, or local program name • Veterans Affairs Medical Services • State Children's Health Insurance Program (SCHIP), or local program name 	<ul style="list-style-type: none"> • MEDICARE Health Insurance Program, or local program name • AIDS Drug Assistance Program (ADAP) • Ryan White-funded Medical or Dental Assistance
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End of PART 4

PART 5: Worksheet - Determining Housing Stability Outcomes

1. This chart is designed to assess program results based on the information reported in Part 4.

Permanent Housing Assistance	Stable Housing (# of households remaining in program plus 3+4+5+6=#)	Temporary Housing (2)	Unstable Arrangements (1+7+8=#)	Life Event (9)
Tenant-Based Rental Assistance (TBRA)	80		1	1
Permanent Facility-based Housing Assistance/Units	NA	NA	NA	NA
Transitional/Short-Term Facility-based Housing Assistance/Units	NA	NA	NA	NA
Total Permanent HOPWA Housing Assistance	80		1	1
Reduced Risk of Homelessness: Short-Term Assistance	Stable/Permanent Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Events
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)	103	68	2	0
Total HOPWA Housing Assistance	183	68	3	1

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self sufficient arrangements) with reasonable expectation that additional support is not needed.

4 = Other HOPWA-funded housing assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

Temporary Housing

2 = Temporary housing - moved in with family/friends or other short-term arrangement, such as Ryan White subsidy, transitional housing for homeless, or temporary placement in institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center).

Unstable Arrangements

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

Life Event

9 = Death, i.e., remained in housing until death. This characteristic is not factored into the housing stability equation.

Tenant-based Rental Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as reported under: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item: 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Permanent Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Temporary Housing is the number of households

that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Transitional/Short-Term Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) continue in the residences (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Other Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Tenure Assessment. A baseline of households in transitional/short-term facilities for assessment purposes, indicate the number of households whose tenure exceeded 24 months.

STRMU Assistance: Stable Housing is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period and there is reasonable expectation that additional support is not needed in order to maintain permanent housing living situation (as this is a time-limited form of housing support) as reported under housing status: Maintain Private Housing with subsidy; Other Private with Subsidy; Other HOPWA support; Other Housing Subsidy; and Institution. Temporarily Stable, with Reduced Risk of Homelessness is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period or left their current housing arrangement for a transitional facility or other temporary/non-permanent housing arrangement and there is reasonable expectation additional support will be needed to maintain housing arrangements in the next year, as reported under housing status: Likely to maintain current housing arrangements, with additional STRMU assistance; Transitional Facilities/Short-term; and Temporary/Non-Permanent Housing arrangements. Unstable Situation is the sum of number of households reported under housing status: Emergency Shelter; Jail/Prison; and Disconnected.

End of PART 5

PART 6: Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation. This Annual Certification of Continued HOPWA Project Operations is to be used in place of other sections of the APR, in the case that no additional HOPWA funds were expended in this operating year at this facility that had been acquired, rehabilitated or constructed and developed in part with HOPWA funds.

1. General information

HUD Grant Number(s) NA	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10; NA
Grantee Name NA	Date Facility Began Operations (mm/dd/yy) NA

2. Number of Units and Leveraging

Housing Assistance	Number of Units Receiving Housing Assistance with HOPWA funds	Amount of Leveraging from Other Sources Used during the Operating Year
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to 3 or 10 year use periods	NA	NA

3. Details of Project Site

Name of HOPWA-funded project site	NA
Project Zip Code(s) and Congressional District(s)	NA
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list. NA <input type="checkbox"/> Not confidential; information can be made available to the public. NA
If the site address is not confidential, please provide the contact name, phone, email, and physical address, if different from business address.	NA

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official NA	Signature & Date (mm/dd/yy) NA
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) NA	Contact Phone (with area code) NA

End of PART 6

Grantee Name State of Michigan Michigan Department of Community Health	Program Year for this report <i>From (mm/dd/yy)</i> 7/1/2010 <i>To (mm/dd/yy)</i> 6/30/2011
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Part 1: Summary Overview of Grant Activities: Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Assistance

Section 1. HOPWA-Eligible Individuals.

Chart a. Individuals Served with Housing Assistance	Total
Total number of individuals with HIV/AIDS who received HOPWA housing assistance	284

Chart b. Special Needs	Total
Number of HOPWA eligible individuals served with Housing Assistance who are veterans?	9
Number of HOPWA eligible individuals served with Housing Assistance who were chronically homeless?	8

Chart c. Prior Living Situation: Indicate the prior living arrangements for all eligible individuals, referenced in Chart a, who received HOPWA housing assistance. *Note: The total number of eligible individuals served in Row 17 should equal the total number of individuals served through housing assistance reported in Chart a above.*

Category		Number of HOPWA Eligible Individuals Served with Housing Assistance
1.	Continuing to receive HOPWA support from the prior operating year	65
New Individuals who received HOPWA Housing Assistance support during Operating Year		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	5
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	2
4.	Transitional housing for homeless persons	0
5.	Permanent housing for formerly homeless persons (such as Shelter + Care, SHP, or SRO Mod Rehab)	10
6.	Psychiatric hospital or other psychiatric facility	0
7.	Substance abuse treatment facility or detox center	2
8.	Hospital (non-psychiatric facility)	0
9.	Foster care home or foster care group home	0
10.	Jail, prison or juvenile detention facility	3
11.	Rented room, apartment, or house	68
12.	House you own	19
13.	Staying or living in someone else's (family and friends) room, apartment, or house	7
14.	Hotel or motel paid for without emergency shelter voucher	0
15.	Other	0
16.	Don't Know or Refused	0
17.	TOTAL (sum of items 1-16)	181

Section 2. HOPWA Beneficiaries.

Chart a. Total Number of HOPWA Beneficiaries Served with Housing Assistance

Individuals and Families Served with Housing Assistance		Total Number
1.	Number of individuals with HIV/AIDS who received HOPWA housing assistance (Chart a page 4)	284
2.	Number of other persons residing with the above eligible individuals in HOPWA-assisted housing	62
3.	TOTAL number of beneficiaries served with Housing Assistance (Rows 1 + 2)	346

In Charts b and c below, indicate the age, gender, race and ethnicity for all beneficiaries referenced in Chart a. *Note: The sum of each of the following charts should equal the total number of beneficiaries served with HOPWA housing assistance (in Chart a, Row 3).*

Chart b. Age and Gender

Category		Male	Female
1.	Under 18	44	26
2.	18 to 30 years	19	7
3.	31 to 50 years	78	41
4.	51 years and Older	28	15

Chart c. Race and Ethnicity*

Category		Total Beneficiaries Served with Housing Assistance	Total Beneficiaries also identified as Hispanic or Latino	Category		Total Beneficiaries Served with Housing Assistance	Total Beneficiaries also identified as Hispanic or Latino
1.	American Indian/Alaskan Native	4	0	6.	American Indian/Alaskan Native & White	1	0
2.	Asian	0	0	7.	Asian & White	0	0
3.	Black/African American	94	2	8.	Black/African American and White	4	0
4.	Native Hawaiian/Other Pacific Islander	4	0	9.	American Indian/Alaskan Native & Black/African American	0	0
5.	White	159	12	10.	Other Multi-Racial	4	3

*Reference (data requested consistent with Form HUD-27061 Race and Ethnic Data Reporting Form)

Section 3. Household Income

Household Area Median Income. Report the area median income(s) for all households served with HOPWA housing assistance. The total number of households served with housing assistance should equal total households reported in Part 3C, Section 1, Line 6 of the CAPER. *Note: Refer to www.hud.gov for information on area median income in your community.*

Percentage of Area Median Income		Households Served with Housing Assistance
1.	0-30% of area median income (extremely low)	98
2.	31-50% of area median income (very low)	48
3.	51-60% of area median income (low)	9
4.	61-80% of area median income (low)	8

Part 2: Summary of Project Sponsor Information- Facility-based Housing Assistance

Complete this following section for each facility being developed or supported through HOPWA funds.

In Chart 1, provide the name of the organization designated or selected to serve as a project sponsor, as defined by CFR 574.3. This should correspond to information reported in Part 1, Chart 2 of the CAPER.

1. Project Sponsor Agency Name

NA

Complete the following section for each facility being developed or supported through HOPWA funds. Complete Charts 2a Project Site Information and 2b Type of Capital Development Project Units for all development projects, current or previous. Charts 3a and 3b are required for each facility. In Chart 2a, and 2b, indicate the type of facility and number of units in each facility. If no expenditures were reported but the facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs) the project sponsor should complete the "HOPWA Housing Project Certification of Continued Usage Form" at the end of the report.

2. Capital Development**2a. Project Site Information for Capital Development of Projects (For Capital Development Projects only)**

Type of Development	HOPWA Funds Expended	Non-HOPWA funds Expended	Type of Facility [Check <u>only one</u> box.]
<input type="checkbox"/> New construction	NA	NA	NA
<input type="checkbox"/> Rehabilitation	NA	NA	NA
<input type="checkbox"/> Acquisition	NA	NA	NA
a.	Purchase/lease of property:		Date (mm/dd/yy): NA
b.	Rehabilitation/Construction Dates:		Date started: NA Date Completed: NA
c.	Operation dates:		Date residents began to occupy: NA <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: NA <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = NA Total Units = NA
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of participants on the list at the end of operating year NA
g.	What is the address of the facility (if different from business address)?		NA
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list. NA <input type="checkbox"/> No, can be made available to the public. NA

2b. Type of Capital Development Project Units (For Capital Development Projects only)

For units entered above (1 a) please list the number of HOPWA units that fulfill the following criteria.

	Designated for the chronically homeless	Designated for assist the homeless	Energy-Star Compliant	504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired with or without rehab	NA	NA	NA	NA	NA
Rental units rehabbed	NA	NA	NA	NA	NA
Homeownership units constructed (if approved)	NA	NA	NA	NA	NA

3. Units assisted in types of housing facility/units leased by sponsor

Indicate the type and number of housing units in the facility, categorized by the number of bedrooms per unit. *Note: The number of units may not equal the total number of households served. Please complete this page for each housing facility assisted.*

3a. Check one only.

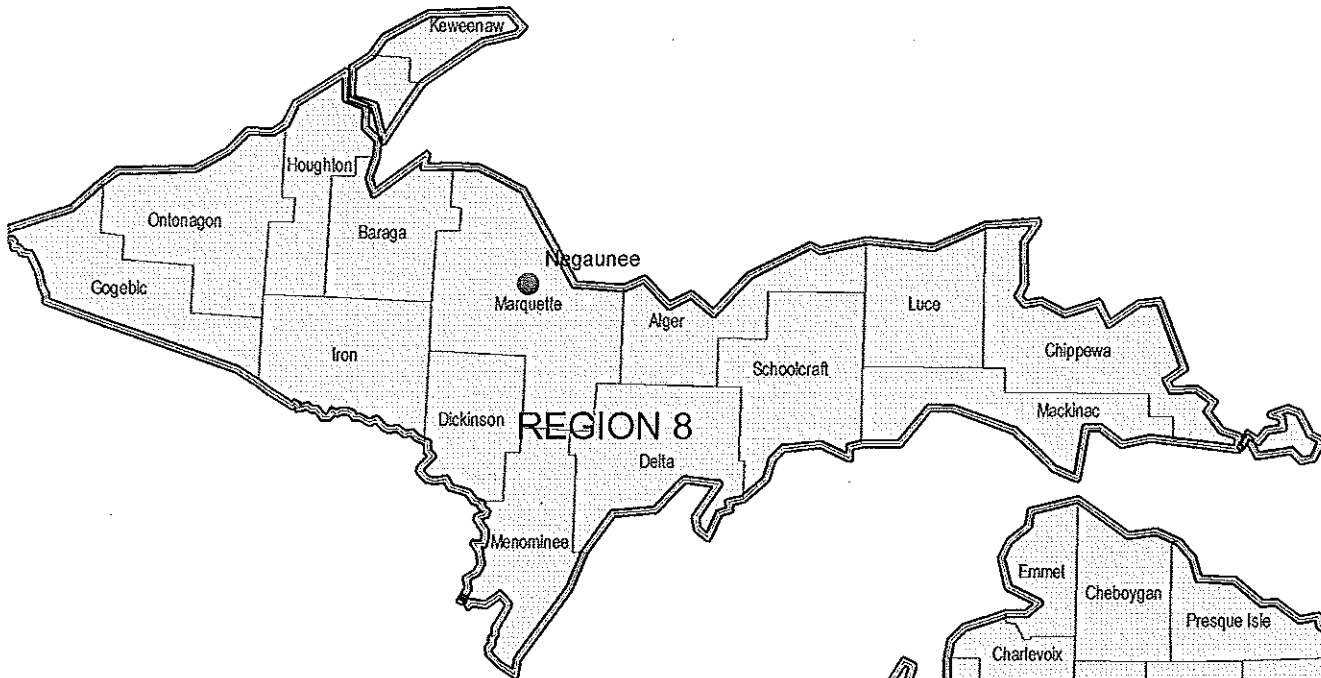
- ☐ Permanent Supportive Housing Facility/Units NA
☐ Short-term Shelter or Transitional Supportive Housing Facility/Units
 NA

3b. Type of Facility

Type of housing facility operated by the project sponsor		Total Number of Units Operated in the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/0 bdrm	1 bdrm	2bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling	NA					
b.	Community residence	NA	NA	NA	NA	NA	NA
c.	Project-based rental assistance units or leased units	NA	NA	NA	NA	NA	NA
d.	Other housing facility. Specify:	NA	NA	NA	NA	NA	NA

Send CAPER Beneficiary worksheets to your HUD Field Office and HUD Headquarters at (HOPWA@hud.gov)

MICHIGAN HOPWA SERVICE AREAS



*Michigan Dept. of
Community Health*

Balance of State

Sponsors

- Region 2: HARC, Ypsilanti
- Region 3: CARES, Kalamazoo
- Region 4: LAAN, Lansing
- Region 5: Health Dept Dist #10, Ludington
- Region 5: Mercy Health Partners-Hackley Campus, Muskegon
- Region 5: Community Rebuilders, Grand Rapids
- Region 6: Sacred Heart Ctr/BASIS, Bay City
- Region 7: Munson, Traverse City
- Region 8: Marquette Co. Health Dept, Negaunee



Table 1. The reported number, percent, and rate of persons living with HIV infection, by HOPWA region and county of residence at diagnosis, Michigan, as of April 1, 2011†

HOPWA region	Prevalence		Total	Rate per 100,000	2008 Census estimate
	HIV, Not AIDS	AIDS			
	n (%)	n (%)			
REGION 2	348 (48%)	373 (52%)	721	94.7	761,306
Jackson	65 (47%)	72 (53%)	137	85.5	160,180
Lenawee	21 (45%)	26 (55%)	47	46.6	100,801
Monroe	26 (41%)	38 (59%)	64	41.8	152,949
Washtenaw	236 (50%)	237 (50%)	473	136.2	347,376
REGION 3	409 (45%)	498 (55%)	907	82.3	1,102,056
Allegan	25 (35%)	47 (65%)	72	63.7	112,975
Barry	9 (38%)	15 (63%)	24	40.8	58,890
Berrien	86 (39%)	136 (61%)	222	139.2	159,481
Branch	12 (80%)	3 (20%)	15	32.8	45,726
Calhoun	57 (48%)	63 (53%)	120	88.3	135,861
Cass	15 (50%)	15 (50%)	30	59.8	50,185
Eaton	24 (47%)	27 (53%)	51	47.8	106,781
Hillsdale	3 (38%)	5 (63%)	8	17.3	46,212
Kalamazoo	146 (50%)	145 (50%)	291	118.3	245,912
St. Joseph	13 (41%)	19 (59%)	32	51.4	62,232
Van Buren	19 (45%)	23 (55%)	42	54.0	77,801
REGION 4	267 (54%)	229 (46%)	496	109.6	452,470
Clinton	19 (63%)	11 (37%)	30	43.0	69,726
Gratiot	3 (43%)	4 (57%)	7	16.6	42,245
Ingham	237 (54%)	201 (46%)	438	157.8	277,528
Montcalm	8 (38%)	13 (62%)	21	33.3	62,971
REGION 5	512 (45%)	624 (55%)	1,136	88.3	1,286,247
Ionia	9 (45%)	11 (55%)	20	31.3	63,833
Kent	355 (44%)	455 (56%)	810	133.8	605,213
Lake	3 (27%)	8 (73%)	11	99.9	11,014
Manistee	5 (42%)	7 (58%)	12	48.7	24,640
Mason	3 (33%)	6 (67%)	9	31.3	28,782
Mecosta	10 (67%)	5 (33%)	15	36.1	41,562
Muskegon	64 (53%)	56 (47%)	120	68.8	174,344
Newaygo	7 (44%)	9 (56%)	16	32.7	48,897
Oceana	7 (64%)	4 (36%)	11	39.9	27,598
Ottawa	49 (44%)	63 (56%)	112	43.0	260,364
REGION 6	436 (51%)	415 (49%)	851	83.2	1,022,531
Bay	35 (56%)	28 (44%)	63	58.6	107,495
Genesee	261 (51%)	247 (49%)	508	118.5	428,790
Huron	2 (50%)	2 (50%)	4	12.2	32,805
Midland	12 (48%)	13 (52%)	25	30.3	82,605
Saginaw	106 (51%)	100 (49%)	206	102.6	200,745
Sanilac	7 (50%)	7 (50%)	14	32.5	43,024
Shiawassee	9 (41%)	13 (59%)	22	31.0	70,880
Tuscola	4 (44%)	5 (56%)	9	16.0	56,187

(continued on next page)

† Includes reports that contain patient name or are otherwise unduplicated. Percentages show the proportion of cases that are HIV, not AIDS and those that are AIDS for a HOPWA region or county

Table 1 (cont.). The reported number, percent, and rate of persons living with HIV infection, by HOPWA region and county of residence at diagnosis, Michigan, as of April 1, 2011†

HOPWA region	Prevalence		Total	Rate per 100,000	2008 Census estimate
	HIV, Not AIDS	AIDS			
	n (%)	n (%)			
REGION 7	95 (41%)	137 (59%)	232	35.9	645,383
Alcona	0 (0%)	0 (0%)	0	0	11,556
Alpena	1 (33%)	2 (67%)	3	10.2	29,520
Antrim	4 (40%)	6 (60%)	10	41.5	24,109
Arenac	1 (50%)	1 (50%)	2	12.2	16,361
Benzie	2 (40%)	3 (60%)	5	28.7	17,396
Charlevoix	5 (38%)	8 (62%)	13	50.1	25,936
Cheboygan	2 (25%)	6 (75%)	8	30.4	26,354
Clare	3 (25%)	9 (75%)	12	39.6	30,312
Crawford	0 (0%)	3 (100%)	3	20.7	14,463
Emmet	3 (33%)	6 (67%)	9	26.8	33,535
Gladwin	3 (38%)	5 (63%)	8	30.9	25,920
Grand Traverse	30 (49%)	31 (51%)	61	70.9	86,071
Iosco	2 (67%)	1 (33%)	3	11.6	25,932
Isabella	18 (51%)	17 (49%)	35	52.4	66,778
Kalkaska	4 (100%)	0 (0%)	4	23.4	17,066
Leelanau	0 (0%)	6 (100%)	6	27.5	21,783
Missaukee	3 (60%)	2 (40%)	5	33.3	15,001
Montmorency	0 (0%)	3 (100%)	3	29.0	10,335
Ogemaw	1 (25%)	3 (75%)	4	19.0	21,016
Osceola	1 (25%)	3 (75%)	4	17.4	22,930
Oscoda	1 (100%)	0 (0%)	1	11.3	8,836
Otsego	4 (36%)	7 (64%)	11	46.2	23,808
Presque Isle	0 (0%)	2 (100%)	2	14.7	13,650
Roscommon	3 (27%)	8 (73%)	11	43.9	25,042
Wexford	4 (44%)	5 (56%)	9	28.4	31,673
REGION 8	31 (47%)	35 (53%)	66	21.4	308,319
Alger	0 (0%)	1 (100%)	1	10.6	9,438
Baraga	1 (20%)	4 (80%)	5	58.6	8,528
Chippewa	6 (67%)	3 (33%)	9	23.1	38,971
Delta	5 (38%)	8 (62%)	13	35.0	37,179
Dickinson	0 (0%)	1 (100%)	1	3.7	26,812
Gogebic	1 (50%)	1 (50%)	2	12.5	16,043
Houghton	3 (50%)	3 (50%)	6	17.1	35,174
Iron	0 (0%)	1 (100%)	1	8.3	12,001
Keweenaw	0 (0%)	0 (0%)	0	0	2,202
Luce	0 (0%)	0 (0%)	0	0	6,614
Mackinac	2 (67%)	1 (33%)	3	28.2	10,624
Marquette	8 (47%)	9 (53%)	17	26.0	65,492
Menominee	3 (75%)	1 (25%)	4	16.5	24,202
Ontonagon	1 (33%)	2 (67%)	3	44.0	6,819
Schoolcraft	1 (100%)	0 (0%)	1	12.2	8,220
Total	2,098 (48%)	2,311 (52%)	4,409	79.0	5,578,312

† Includes reports that contain patient name or are otherwise unduplicated. Percentages show the proportion of cases that are HIV, not AIDS and those that are AIDS for a HOPWA region or county

Table 2. Numbers and percentages of persons living with HIV infection by HOPWA region and agency, Michigan, as of April 1, 2011†

HOPWA region and agency	Prevalence		
	HIV, Not AIDS	AIDS	Total
	n (%)	n (%)	n (%)
Region 2 - HARC	348 (17%)	373 (16%)	721 (16%)
Region 3 - CARES	409 (19%)	498 (22%)	907 (21%)
Region 4 - LAAN	267 (13%)	229 (10%)	496 (11%)
Region 5*	512 (24%)	624 (27%)	1,136 (26%)
Community Rebuilders	388 (18%)	498 (22%)	886 (20%)
Hackley Hospital	96 (5%)	93 (4%)	189 (4%)
Health Dept Dist #10	28 (1%)	33 (1%)	61 (1%)
Region 6 - Sacred Heart	436 (21%)	415 (18%)	851 (19%)
Region 7 - Munson Hospital	95 (5%)	137 (6%)	232 (5%)
Region 8 - Marquette Co. Health Dept	31 (1%)	35 (2%)	66 (1%)
Total	2,098 (100%)	2,311 (100%)	4,409 (100%)

† Includes reports that contain patient name or are otherwise unduplicated. Percentages show the number of cases living within the jurisdiction of a HOPWA region/agency as a proportion of all cases

*The number of cases for Region 5 are split among the agencies as follows:

- **Community Rebuilders:** All cases from Ionia and Kent counties, and 1/2 of the cases from Ottawa Co.
- **Hackley Hospital:** All cases from Muskegon Co., and 1/2 of the cases from Newaygo, Oceana, and Ottawa counties
- **Health Dept Dist #10:** All cases from Manistee, Mason, Mecosta and Lake counties, and 1/2 of the cases from Newaygo and Oceana counties

Table 3. Age at HIV diagnosis of persons living with HIV infection by HOPWA region, Michigan, as of April 1, 2011†

Age at HIV diagnosis by HOPWA region	Prevalence		
	HIV, Not AIDS	AIDS	Total
	n (%)	n (%)	n (%)
REGION 2	348 (100%)	373 (100%)	721 (100%)
0 - 12 yrs	5 (1%)	2 (1%)	7 (1%)
13 - 19 yrs	14 (4%)	7 (2%)	21 (3%)
20 - 24 yrs	57 (16%)	42 (11%)	99 (14%)
25 - 29 yrs	72 (21%)	69 (18%)	141 (20%)
30 - 39 yrs	118 (34%)	139 (37%)	257 (36%)
40 - 49 yrs	62 (18%)	80 (21%)	142 (20%)
50 - 59 yrs	19 (5%)	25 (7%)	44 (6%)
60 and over	1 (<1%)	9 (2%)	10 (1%)
REGION 3	409 (100%)	498 (100%)	907 (100%)
0 - 12 yrs	6 (1%)	6 (1%)	12 (1%)
13 - 19 yrs	26 (6%)	18 (4%)	44 (5%)
20 - 24 yrs	65 (16%)	56 (11%)	121 (13%)
25 - 29 yrs	68 (17%)	85 (17%)	153 (17%)
30 - 39 yrs	143 (35%)	172 (35%)	315 (35%)
40 - 49 yrs	81 (20%)	108 (22%)	189 (21%)
50 - 59 yrs	14 (3%)	42 (8%)	56 (6%)
60 and over	6 (1%)	11 (2%)	17 (2%)
REGION 4	267 (100%)	229 (100%)	496 (100%)
0 - 12 yrs	5 (2%)	3 (1%)	8 (2%)
13 - 19 yrs	14 (5%)	11 (5%)	25 (5%)
20 - 24 yrs	44 (16%)	23 (10%)	67 (14%)
25 - 29 yrs	49 (18%)	43 (19%)	92 (19%)
30 - 39 yrs	84 (31%)	87 (38%)	171 (34%)
40 - 49 yrs	52 (19%)	41 (18%)	93 (19%)
50 - 59 yrs	16 (6%)	15 (7%)	31 (6%)
60 and over	3 (1%)	6 (3%)	9 (2%)

(continued on next page)

† Includes reports that contain patient name or are otherwise unduplicated. Percentages show age at diagnosis breakdown for each HOPWA region

Table 3 (cont.). Age at HIV diagnosis of persons living with HIV infection by HOPWA region, Michigan, as of April 1, 2011†

Age at HIV diagnosis by HOPWA region	Prevalence		
	HIV, Not AIDS	AIDS	Total
	n (%)	n (%)	n (%)
REGION 5	512 (100%)	624 (100%)	1,136 (100%)
0 - 12 yrs	13 (3%)	6 (1%)	19 (2%)
13 - 19 yrs	21 (4%)	28 (4%)	49 (4%)
20 - 24 yrs	89 (17%)	66 (11%)	155 (14%)
25 - 29 yrs	94 (18%)	107 (17%)	201 (18%)
30 - 39 yrs	164 (32%)	236 (38%)	400 (35%)
40 - 49 yrs	93 (18%)	125 (20%)	218 (19%)
50 - 59 yrs	30 (6%)	42 (7%)	72 (6%)
60 and over	8 (2%)	14 (2%)	22 (2%)
REGION 6	436 (100%)	415 (100%)	851 (100%)
0 - 12 yrs	6 (1%)	2 (<1%)	8 (1%)
13 - 19 yrs	36 (8%)	11 (3%)	47 (6%)
20 - 24 yrs	78 (18%)	42 (10%)	120 (14%)
25 - 29 yrs	74 (17%)	72 (17%)	146 (17%)
30 - 39 yrs	128 (29%)	159 (38%)	287 (34%)
40 - 49 yrs	83 (19%)	92 (22%)	175 (21%)
50 - 59 yrs	27 (6%)	29 (7%)	56 (7%)
60 and over	4 (1%)	8 (2%)	12 (1%)
REGION 7	95 (100%)	137 (100%)	232 (100%)
0 - 12 yrs	2 (2%)	1 (1%)	3 (1%)
13 - 19 yrs	9 (9%)	3 (2%)	12 (5%)
20 - 24 yrs	9 (9%)	18 (13%)	27 (12%)
25 - 29 yrs	19 (20%)	18 (13%)	37 (16%)
30 - 39 yrs	36 (38%)	56 (41%)	92 (40%)
40 - 49 yrs	13 (14%)	24 (18%)	37 (16%)
50 - 59 yrs	6 (6%)	14 (10%)	20 (9%)
60 and over	1 (1%)	3 (2%)	4 (2%)
REGION 8	31 (100%)	35 (100%)	66 (100%)
0 - 12 yrs	1 (3%)	0 (0%)	1 (2%)
13 - 19 yrs	0 (0%)	1 (3%)	1 (2%)
20 - 24 yrs	3 (10%)	3 (9%)	6 (9%)
25 - 29 yrs	5 (16%)	4 (11%)	9 (14%)
30 - 39 yrs	13 (42%)	20 (57%)	33 (50%)
40 - 49 yrs	7 (23%)	4 (11%)	11 (17%)
50 - 59 yrs	2 (6%)	2 (6%)	4 (6%)
60 and over	0 (0%)	1 (3%)	1 (2%)
Total	2,098 (100%)	2,311 (100%)	4,409 (100%)

† Includes reports that contain patient name or are otherwise unduplicated. Percentages show age at diagnosis breakdown for each HOPWA region